

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10587529

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2			1 st add			
3						
4						
5			Canc'd			
6						
7						
8						
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17						
18						
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20						
21						
22			1 st add			
23						
24						
25						
26						
27						
28			Canc'd			
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33						
34						
35			Canc'd			
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48						
49						
50						
TOTAL IND.	3		↓		↓	↓
TOTAL DEP.	18		←		←	←
TOTAL CLAIMS	22					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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96						
97						
98						
99						
100						
TOTAL IND.					↓	
TOTAL DEP.					←	←
TOTAL CLAIMS					←	←